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ABSTRACT

This handbook is intended to serve as a procedural guide for Utah school districts to improve the assessment and classification process for students who are behavior disordered. The handbook reviews Utah's definition of behavior disorders and explains some of the ambiguous terminology in the definition. The topic of social maladjustment is examined, along with its relationship to the behavior disordered classification. Types of behavior problems most often classified and served in programs for students with behavior disorders are reviewed. Fundamental principles and practices of educational and psychological assessment are presented. Using that as a base, best practices for assessing students who may be classified as behavior disordered are identified. The practices stress the importance of evaluating current instructional conditions, documenting educational and social adaptive behavior, and implementing prereferral interventions. The handbook then concludes with a checklist to be used in making decisions about the classification of students with behavior disorders. Appendixes outline an observation system and list rating scales for school and home behavior disorders and for social skills assessment. (JDD)

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UTAH HANDBOOK FOR THE ASSESSMENT AND CLASSIFICATION OF STUDENTS WHO ARE SUSPECTED OF BEING

BEHAVIOR DISORDERED

UTAH STATE OFFICE OF EDUCATION

WORKING DRAFT
1991-92 SCHOOL YEAR
OCTOBER, 1991

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PREFACE

One of the most seriously underserved categories of students with disabilities on a nationwide basis is students who are behavior disabled. In Utah, however, the percentage of school-age students receiving special education services because they have been identified as behavior disordered is significantly higher than the national average. This fact is consistent with Utah's commitment to providing an appropriate education for all students with disabilities.

Yet, decisions about eligibility for special education services are often difficult. This is particularly true for students who are behavior disordered. The lack of a well-defined assessment process, based on an understandable definition of behavior disordered, contributes to a feeling of uncertainty concerning the accuracy of classification decisions.

The Utah Handbook for the Assessment and Classification of Students Who Are Suspected of Being Behavior Disordered is intended to serve as a guide for improving the assessment and classification process for students who are behavior disordered in Utah's schools. Its purpose is to serve as a procedural guide for local school districts in their efforts to refine and enhance the referral-to-eligibility process for students who are suspected of being behavior disordered as described in the Utah State Board of Education Special Education Rules.

The Handbook is the result of the efforts of a number of individuals. Dan Morgan and Bill Jenson shared responsibility for developing the initial drafts of the Handbook and refining the later versions after it had been reviewed by individuals throughout the state. A special word of thanks is due to Phil Fast, Ginger Rhode, Debi Andrews, Mary Ann Williams, and Annette Greenberg who spent many hours reviewing earlier drafts of the Handbook and offering valuable suggestions for improvement.

We are hopeful that Utah's fine record of leadership and achievement in meeting the needs of students who are behavior disordered will be enhanced as school personnel translate the recommendations contained in this Handbook into practice.

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FEEDBACK FORM

UTAH HANDBOOK FOR THE ASSESSMENT AND CLASSFICATION OF STUDENTS WHO ARE SUSPECTED OF BEING BEHAVIOR DISORDERED

We are asking for feedback concerning this Handbook. After you have had an opportunity to review it, please complete this form and return it to: Ken Reavis, Utah State Office of Education, Special Education Services Unit, 250 East 500 South, Salt Lake City, UT 84111

Agency Represented:_____

___ Teacher ___ Consumer

___ Advocate ___Parent

___ Administrator ___ Other (specify)_____

Have you used this Handbook in the assessment and classification process for students suspected of being behavior disordered? ____Yes ____No

	Strongly Agree			Strongly Disagree
The Handbook is well organized.	4	3	2	1
The Handbook is well-written.	4	3	2	1
The Handbook is comprehensive.	4	3	2	1
The Handbook reflects best practices in this area of special education.	4	3	2	1
The Handbook contains practical recommendations.	4	3	2	1

Please make any additional suggestions for improving this Handbook.

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UTAH HANDBOOK FOR THE ASSESSMENT AND CLASSIFICATION OF STUDENTS WHO ARE SUSPECTED OF BEING BEHAVIOR DISORDERED

PURPOSE AND OBJECTIVES

One of the distinguishing features of special education is the requirement that students meet certain criteria to be eligible to receive special education and related services. That is, not all students who have learning problems are learning disabled. Not all students who have hearing impairments require special education. Similarly, not all students who have behavioral, social, and/or emotional problems are behavior disordered.

Determining who is and who is not eligible to receive special education is not an easy thing to do. The assessment and classification of students who are suspected of being behavior disordered is probably one of the more difficult areas in the field of special education. A great deal of disagreement exists about definitions, assessment procedures, decision-making criteria, prevalence rates, and so on. Further clouding the issue is the fact that there are a number of divergent professional opinions concerning the root causes of behavioral disorders and preferred educational interventions for these students.

Clearly, the state of the art in the assessment and classification of students who are behavior disordered is, at best, one of confusion and complexity. The current situation is not hopeless, however. While there is no litmus test that can be used to assess and classify behavior disordered students, there are a number of assessment instruments and procedures that can be used with confidence in the assessment and classification process. The school's challenging responsibility is to be certain that the guidelines and procedures it employs to make these decisions are the best possible options that are available.

The purpose of this manual is to present a set of guidelines and procedures that will help to standardize the assessment procedures used in making special education eligibility decisions about students who are suspected of being behavior disordered. It is hoped that this handbook will be used by administrators, psychologists, and teachers in collecting, analyzing, and interpreting reliable and valid assessment information that can be used to design functional and appropriate educational programs for students who are experiencing significant behavioral problems in school. Specifically, what this manual does is the following:

1. Provides a clear-cut and understandable definition of behavior disordered.
2. Clarifies the meaning of the term, social maladjustment, and its relationship to the behavior disordered classification..
3. Identifies a set of assumptions underlying the assessment process.
4. Specifies criteria for classifying students as behavior disordered.
5. Outlines a practical sequence of assessment activities.
6. Identifies preferred assessment procedures and instruments in the following areas: (a) educational behavior, (b) social/adaptive behavior.
7. Provides a set of decision-making guidelines that can be used in classifying students who are suspected of being behavior disordered.

The handbook is organized in the following manner. First, Utah's definition of behavior disordered is reviewed. Special attention is devoted to providing explanations of some of the ambiguous terminology in the definition. The increasingly controversial topic of social maladjustment is also examined. The second section briefly reviews the basic types of behavior problems most often classified and served in special education programs for students who are behavior disordered.

Fundamental principles and practices of educational and psychological assessment are reviewed in the third section. Using that as a base, best practices for assessing students who may be classified as behavior disordered are identified. The fourth section addresses preferred procedures for assessing students suspected of being behavior disordered. The Handbook concludes with a checklist to be used in making decisions about the classification of students who are behavior disordered.

I.
THE DEFINITION OF BEHAVIOR DISORDERED

The Utah State Office of Education's definition of behavior disordered is as follows:

> A behavior disordered student is defined as one whose behavior or emotional condition over a long period of time and to a marked degree adversely affects his/her educational performance.

The Rules further state:

> The above definition includes students are severely emotionally disturbed and whose severe behavior includes, but is not limited to hallucinations, illogical thinking, inappropriate severe laughter, fantasy, dependency, anxiety (panic) attacks, and self-injurious behaviors. The definition also includes students who are schizophrenic but does notinclude students who are socially maladjusted, unless it is determined that they are behavior disordered.

On the surface, this definition seems to be rather straightforward and relatively simple to understand. However, there are areas of ambiguity in Utah's definition that require clarification and amplification. For example, how long is a "long period of time"? To what extent is "a marked degree"? What constitutes an "adverse effect on educational performance"? What does "socially maladjusted" mean? Each of these frequently asked questions is addressed in this section of the handbook.

Long Period of Time

A number of factors must be taken into account when attempting to define "long period of time". For example, it is known that many students engage in a wide range of inappropriate or maladaptive behaviors every once in a while. Furthermore, many students, especially adolescents, experience transient reactions to everyday stresses and conflicts. Some students react strongly to major crises such as family conflict, death of a loved one, and other sources of major instability in their lives. Situations such as these can be very serious and should be dealt with appropriately by school personnel and family members. However, these problems usually dissipate with appropriate support and the passage of time. Because of this, students experiencing these types of difficulties probably do not qualify for special education as behavior disordered.

On the other hand, behaviors such as aggression, noncompliance, and arguing are very stable behaviors when they occur at high rates for a period of over four to six months. These behaviors are not likely to disappear without some type of intervention.

It is important to recognize that some maladaptive behaviors such as depression and social withdrawal are easy to overlook. Thus, they tend to occur over an even longer period of time before they are considered problematic. Depression and social withdrawal can be very debilitating to a student's overall adjustment if ignored.

The rule of thumb for determining how long a long period of time is as follows: A long period of time is when a disruptive pattern of behavior has occurred over a period of four months or more. The exception to this rule would be severely maladaptive behaviors where a child is dangerous to him/herself or others. The first time these behaviors occur may be sufficient to warrant consideration for initiating the referral and evaluation process.

Marked Degree

Marked degree is also a difficult concept to objectively define. It usually refers to the intensity or frequency of a specific behavior problem or pattern of behavior as it relates to normal patterns of behavior.

For school behavior problems, marked degree can be assessed through the use of norm-referenced assessment instruments and procedures. For example, if a norm-referenced behavior problem checklist is completed by several raters, the student's score can be compared against the checklist's established mean for nonhandicapped students. Generally, a student who is two standard deviations from the mean would meet the marked degree requirement. Again, this is a general rule; there will be exceptions.

Another useful indicator to consider is whether the problem behavior(s) have been resistant to systematically implemented intervention efforts. If appropriately designed and delivered interventions have been attempted and the pattern of problematic behavior persists, one could conclude that the problem is, in fact, one that constitutes a significant deviation (i.e., to a marked degree) from the norm.

Adverse Effect on Educational Performance

An adverse effect on educational performance is determined by examining a student's level of adjustment across both academic and social/emotional domains. In other words, "educational performance" means more than academic performance. It also includes a student's social/emotional competence and adjustment. Determining whether there has been an adverse effect on educational performance, therefore, requires a two-pronged assessment approach.

First, has the behavior affected the student's academic progress? If the student is not making reasonable academic progress because of his or her behavior, then an adverse effect can be claimed. For example, inattentiveness, arguing with the teacher, or defiantly not complying with a teacher's academic requests will affect the student's school work.

Measures of inadequate academic progress include standardized academic achievement testing, samples of classroom assignments, everyday grades, and report card grades.

Second, inadequate social adjustment to the school environment also qualifies as an adverse effect. Students who have difficulty attending school, making friends, and interacting with peers and teachers meet this requirement. It is possible that a student can be making adequate academic progress while failing to make a reasonable social adjustment; poor academic performance and poor social adjustment frequently occur together. Assessing poor social adjustment is best accomplished using standardized social skills assessment instruments, school attendance records, and sociometric ratings.

Summary

The following questions should be addressed to determine whether a student's behavior or emotional condition over a long period of time and to a marked degree adversely affects his/her educational performance:

Long Period of Time

- Has the behavior persisted over a period of 4 months?
- Has it persisted despite appropriately designed and implemented prereferral interventions?

Marked Degree

- Do normative comparisons indicate that the student's behavior is significantly different from his/her peers?
- Is the severity or intensity of the student's behavior significantly different his/her peers?
- Has the student's behavior been resistant to attempts to modify it?

Adverse Effect on Educational Performance

- Has the behavior affected the student's academic progress?
- Is there a discrepancy between the student's actual achievement and expected achievement?
- Is the student's social/emotional competence affecting his/her overall adjustment in school?

Social Maladjustment

Perhaps the most controversial aspect of the definition of behavior disordered concerns the use of the term, social maladjustment. Both the federal definition of "seriously emotionally disturbed" and Utah's definition of "behavior disordered" contain a clause that excludes socially maladjusted students from the category of behavior disordered. The clause states that the term behavior disordered does not include children who are socially maladjusted unless it is determined that they are also behavior disordered.

This seemingly benign clause has sparked a great deal of debate and contention in the field of special education. The lack of a clear-cut definition of social maladjustment has caused serious problems of interpretation for special education program administrators, professionals, and advocates. It has also attracted a great deal of attention and activity at the federal, state, and local level as lawyers, judges, due process hearing officers, school administrators, and parents have grappled with the issue.

The argument put forth by those who favor the exclusion of socially maladjusted students goes like this. Most socially maladjusted students display high and intense levels of overt, externalizing behaviors; i.e., they are conduct disordered. Moreover, students who are conduct disordered engage in *willful* misconduct and therefore, are not truly eligible for special education. That is, conduct disordered students are not eligible for special education services, since federal regulations specifically identify only those students who are seriously emotionally disturbed as eligible to receive special education. Since socially maladjusted students are conduct disordered, they are not seriously emotionally disturbed.

This interpretation of the definition of seriously emotionally disturbed/behavior disordered has also greatly concerned other professionals more inclined to promote the provision of special education services to all students who meet eligibility requirements for such services. For example, arguments used to promote the provision of special education services to all eligible students who are behavior disordered, including those displaying conduct disorders, have been suggested by the Council for Children with Behavioral Disorders. These arguments include the following propositions:

- There is no widely accepted definition of social maladjustment, nor is there evidence that students who are socially maladjusted and those who are identified as emotionally disturbed represent two different populations,
- There are no assessment devices or techniques that are technically adequate for distinguishing social maladjustment from other conditions.
- There is no history of providing separate service to students with emotional disturbance and social maladjustment, nor do we have differentially valid interventions for doing so.

- The reasons typically provided for excluding students with conduct disorders from receiving services reflect financial considerations or administrative convenience, and are hence irrelevant to educational considerations.

These questions and problems are not likely to be resolved for a long time. Due process hearings and judicial review and actions of individual cases are likely to continue for the foreseeable future. A change in the Federal definition and terminology for this category has been proposed by the National Special Education and Mental Health Coalition. However, the likelihood of an immediate change in the Federal definition is uncertain at the present time. Thus, the primary concern still is how to deal with the social maladjustment issue in the assessment and classification process for students suspected of being behavior disordered.

The service provider's primary task is to collect assessment information that will assist in making informed decisions as to whether a student is behavior disordered or not. *If the data suggest a student is behavior disordered and, therefore, eligible for special education and related services, it is irrelevant whether he/she is also socially maladjusted*. The definition in the Rules clearly specifies that students may be classified behavior disordered if they meet certain eligibility criteria, even if they are also socially maladjusted. It is recommended that a determination first be made as to whether the student is behavior disordered, rather than whether the student is socially maladjusted. To do otherwise is likely to result in uncertain, ambiguous, unjustifiable, and nonfunctional outcomes.

II.

TWO BASIC TYPES OF STUDENTS WITH BEHAVIOR DISORDERS

In the Utah Rules, behavior disordered is used as a generic term that takes into account two types of behavioral problems that, while not mutually exclusive, may adversely affect educational performance. Research suggests that most behaviorally disordered students can be categorized into one of two broad subtypes: *externalizers* and *internalizers*. This research is based on many studies conducted over the past 40 years. Educational and clinical support for these two basic subtypes is based on the finding that the majority (approximately 90 percent) of students who are behavior disordered referred for educational and clinical services fall into one of these two subtypes.

It is important to note that not all children exactly fit the externalizer or internalizer categories. An exact one-to-one fit with the behaviors listed in the two broad subtype descriptions is not necessary. Still, objective and specific definitions of the two broad subtypes of the externalizing and internalizing categories are helpful in determining eligibility.

Externalizers

An externalizing student's behavior is outwardly directed toward the social environment and usually involves behavioral excesses. Teachers, parents, and other students often take the brunt of these externally directed behaviors. Behaviors such as aggression, arguing, noncompliance, rule breaking, distractibility, temper tantrums, and hyperactivity are common These behaviors frequently occur when other persons (e.g., teacher or parent) give students directions or attempt to get them to comply with requests.

It is important not to confuse these behaviors with the occasional difficult behavior that nonhandicapped students sometimes display. Behavioral externalizers exhibit these behaviors to excess. Often their compliance to adult requests is 50 percent or less, and their on-task or attending behavior is 60 percent or less.

Teachers can easily identify externalizers because they are the most difficult students to teach. These students require inordinate amounts of time from teachers to manage their behavior. Externalizing students have only limited insight into their difficulties. If asked, "How are things going?", these students frequently reply, "Just fine." If they do identify a problem, they generally blame the problem on another person or circumstances allegedly beyond their control. Externalizing students rarely take responsibility for their own problems.

Externalizers stand out because their behavior causes discomfort to others. By the very nature of these problems, externalizers often fail to develop essential skills needed to survive in educational and employment settings. For example, many externalizers fail to develop basic academic skills in subjects such as reading, arithmetic, spelling, and writing. They are often substantially behind other students academically and efforts to get them to do classwork and homework are often frustrating and ultimately futile.

These students also do not develop basic social skills. Often externalizers are described by teachers and other students as immature, bossy, and uncooperative. Externalizers may go through a number of friends within a few weeks because other students have difficulty dealing with their demands. Frequently, externalizers will have younger friends because of their immature social skills. If they have same age friends, they frequently are students who also have similar externalizing behavior problems.

Externalizers also lack basic self-control skills, a skill in which a student learns not to be controlled by an immediate distraction or inappropriate reward. Externalizers are also often described by parents and teachers as impulsive. They act before they think; they do not think about the long-term consequences of their behavior. A list of behaviors common to the externalizing behavior category may be found in Table 1.

Internalizers

It is easy to fail to identify internalizing students because their problems are focused inwardly and often involve skill deficits and anxieties. Yet, these students may need special services as much as behavioral externalizers. Internalizing students suffer in silence, not making demands on teachers or other students. These students are often

Table 1
Two Basic Types of Behavioral Disorders

Externalizers	Internalizers
refuses requests	likes to be alone
disrupts the classroom	shy, timid
breaks school rules	secretive
acts before thinking	does not participate
tantrums	few or no friends
steals	clings to adults
destroys property	too neat
defiant	looks unhappy/sad
explosive	resists attention from others
threatens	rewarded by just a few things
lacks close/good friends	hopeless about future
argues	cries
aggressive toward peers	stares blankly
often inattentive	feels worthless
fidgets or is restless	perfectionistic
bossy or uncooperative	nervous habits (e.g., sucks thumb, bites nails)
swears	appears confused
lying and cheating	unliked
blames others	clumsy
lacks guilt	self-conscious
shows off	

timid, shy, withdrawn, anxious, unresponsive to social initiations, with a general mood of unhappiness or depression.

Because these students are quiet and inwardly focused, most teachers assume they are performing satisfactorily and, instead, attend to more demanding students. Over time, personal problems and school difficulties tend to accumulate and serious problems begin to emerge. For example, some internalizing students may lose interest in school by withdrawing, failing academically, or dropping out. Other internalizers may become so anxious and withdrawn that when frustrating demands are made on them, they display short bursts of aggression and defiance. Possibly the most serious manifestation of internalizing behavior is demonstrated by students who becomes so withdrawn and depressed that they attempt suicide. Internalizing students are generally hopelessly depressed, impulsive, and impressionable.

The extent and nature of their withdrawal, anxiety, and behavioral deficits must be systematically assessed. Some assessment should also be made of the student's friends, degree of engaged social activity, and attendance at school. Second, it is important to determine if anxiety affects the student in debilitating ways. Is the student afraid of school, teachers, peers, academic failure, or simply of being away from home? Third, it is important to determine if the student has significant behavioral deficits. Many internalizing students have failed to develop basic social skills or the ability to relax and cope with anxiety. Each deficit makes internalizing students more vulnerable. If they also have academic deficits, they are not likely to ask for help. They will fall further and further behind, making the situation worse. The common behaviors associated with internalizing behavior disorders are also found in Table 1.

Other Conditions

Not all students who are behavior disordered fall in the externalizing and internalizing categories. Some students may show erratic or disturbing behavior to a marked degree and for a long period of time. These students often have other labels such as schizophrenic, psychotic, or pervasive developmental disorder. The actual number of students exhibiting these behaviors is very small compared to externalizing and internalizing students. The common behaviors exhibited by these students may include:

1. delusions (i.e., inventing fantasy or make believe situations and believing them to the extent that adjustment of reality is affected)
2. thought disorders (i.e., jumping illogically from one thought or subject to another)

3. severe mood swings from high energy and elation to deep depression
4. hallucinations that involve hearing or seeing things that do not really exist
5. panic attacks
6. inappropriate laughter
7. self-injurious behavior

Students with diagnoses in this group of other conditions should meet the same evaluation considerations and follow the steps of the IEP process for making the decision: Does the student qualify for special education under the behavior disordered classification?

III.
FUNDAMENTAL PRINCIPLES OF EDUCATIONAL AND PSYCHOLOGICAL ASSESSMENT

It is important to keep in mind several important principles about educational and psychological assessment in terms of its potential contributions and limitations.

Assessment as a Sample of Behavior

Educational and psychological assessment can be viewed in many different ways. In the assessment of students suspected of being behavior disordered, assessment is a structured information gathering technique. The information gathered is an actual sample of a student's behavior. For example, a sample of the student's behavior includes observations made in the regular classroom setting on three different occasions. Similarly, academic work and social interactions can be directly sampled through reviewing classroom work or making playground observations. Other methods of assessment such as behavior problem checklists, social skills rating scales, achievement testing, or intelligence testing provide indirect measures of a student's behavior. These methods represent structured information gathering of indirect samples of behaviors or indications of ability. A person completing a behavior problem checklist may not be actually observing a student but instead recalls a sample of the student's behavior from experience.

The use of assessment as a structured information gathering of a sample of a student's behavior has several advantages. First, this method yields information about a student in the context of the environment in which the problem occurs. Second, this approach does not assume a theoretical cause underlying the behavior. Some assessment approaches, such as projective testing, assume a hypothetical cause of the disorder, an approach not supported by current research. Third, representative samples of a student's behavior and performance are more meaningful when communicated to parents. Fourth,

representative samples also serve best in legal challenges. Highly complex, theoretically intricate assessment approaches are not easily explained to parents. Fifth, assessment based on representative samples of educationally relevant behavior lends itself to direct interventions for specific behaviors. The sample often serves as a baseline measure against which future progress can be assessed.

All Assessment Is Subject to Error

No assessment technique is completely free from error. Each time information is gathered there is some distortion of reality. Some types of errors occur randomly and are impossible to predict. This type of error is best measured by reliability measures (reliability is a measure of consistency).

For example, each time a teacher completes a behavior problem checklist the result will be different (random error of recalling the student's behavior). If there is a big difference between the ratings, then the reliability (test-retest reliability) is poor. If the difference is small, then the reliability is good. A different type of reliability is between two raters (possibly a teacher and parent) who rate the same student at the same time. If the difference is large, then the inter-rater reliability is poor. If the difference is small, then the reliability is good.

Another measure of error is validity. An assessment instrument's validity is the extent to which is measures what it says it will measure. In a sense, validity is an assessment instrument's test of reality. If a measure purports to identify depressed children, and it regularly misses truly depressed children, then the validity of the measure is poor. Similarly, an observer may use a good behavioral observation method. Yet if the student is aware he/she is being observed, he/she probably will not behave normally and the observation will not be a true sample of behavior. In this case, the validity of the observation is poor.

No assessment instrument is completely error-free. However, selecting an instrument with the least amount of error and using it correctly is the best practice. Error also can be reduced by using multiple assessment measures and raters. More confidence is warranted when the information comes from several good assessment measures and raters (i.e., teachers and parents). If the information on the measures is similar among the raters, then measurement error has been reduced. For example, if a teacher and a parent agree that a student's behavior is of the excessive externalizing type (i.e., argues, fights, off-task, and is noncompliant) and a behavioral observation confirms this finding, then the result is probably a reliable and valid assessment. This is much better than one teacher's opinion or using only one type of test.

Social Validity and a Return Plan

Assessment information must be relevant to the overall school adjustment of a behavior disordered student. Social validity emphasizes assessing a student's strengths and programming for successful adjustment back into a regular classroom setting, based on the demands and expectations of that setting. Assessment methods should help to determine the functional educational goals required to maximize a student's successful adjustment in a mainstream education setting.

Assessment procedures that are socially valid emphasize returning a student to a less restrictive setting. This requires a return plan for the student before the student is ever placed in a special education setting. The return plan should specify skills required for reintegration into less restrictive settings and a timeline for return. The required skills specified in the return plan must then also be incorporated into the student's IEP.

Normative Comparisons

Normative comparisons allow us to tell how different or how similar a student is when compared to other students of the same age and sex. Norms are just averages of a behavior. For example, an average IQ score is 100. Similarly, the average score for on-task behavior in classrooms can be calculated by observing several students and averaging their scores. For example, the average on-task behavior for most elementary students is approximately 80 percent, while the average on-task for behavioral externalizers is approximately 60 percent. It is important that the norming or standardization group for a particular assessment measure is based on a large sample of the same age and sex students with similar cultural backgrounds. A measure normed on six year old females from an inner city would not be a good comparison group for eight year old rural boys. The more different the standardization group is from the assessed child, the more error-prone the normative comparison will be.

Norms allow us to make comparisons to determine if the adverse effect on educational performance is marked. As discussed previously, if a student is two standard deviations from the mean or average of the group, then the difference is significant. A standard deviation is a measure of difference. Two standard deviations means that a child is at the 98 percentile. Another way to look at this comparison is to visualize 100 students standing against a wall who have been rated on a behavior checklist. Of the 100 students, only 2 will have scores high enough to score above the 98th percentile or two standard deviations below the mean. The other 98 students would have scores below two standard deviations. Well standardized assessment measure result in meaningful comparisons.

Assessment Utility

Assessment information gathered about students who are suspected of being behavior disordered should be balanced against the cost of its collection and its use in determining educationally relevant goals. Weighing information cost and usefulness is called assessment utility. High costs are generally associated with heavy time investments in collecting the information.

Frequently, poor utility is a result of collecting information that is not useful in the selection of educational goals for placement or intervention. Instructional relevance of the collected information is critical for the assessment of a behavior disordered student. Useful information for reducing behavioral excesses, improving behavioral deficits and academic skills, and enhancing social skills define the utility of a measure. If a student could be placed in a special education setting and the IEP developed without a particular piece of assessment information, then that information has poor utility.

Definitional-Based Assessment

All assessment information concerning a student suspected of being behavior disordered should be directly linked to the definition of the behavior disordered in the Utah Rules. The assessment information gathered should either confirm that a student meets or does not meet the requirements of this definition. Information gathered to validate a medical or other theoretical classification not included in the Utah Rules does not have a good definitional base. Such assessment procedures are generally excessively costly and have little or no utility for educational/instructional goals.

IV.
PREFERRED PROCEDURES FOR ASSESSING STUDENTS SUSPECTED OF BEING BEHAVIOR DISORDERED

A complete evaluation covering behavior-social-educational areas is required before a student can be considered for classification as behavior disordered. This section of the handbook presents a specific set of assessment procedures and guidelines to be used in this process.

Prereferral Interventions

Utah Rules clearly state that the first step in the assessment and classification process is documentation of the results of a history of failed classroom interventions that were attempted prior to the student's formal referral for special education evaluation. This section of the Handbook will briefly review the kinds of information required for this preliminary step in the assessment and classification process.

Referrals should include documentation of failed prereferral interventions that were tried in the student's regular education setting. An appropriate prereferral intervention includes (1) baseline data collected before the intervention was implemented to establish the level of the problematic behavior, (2) use of a validated instructional practice(s) that is different from the daily classroom routine, and (3) follow-up data to document the effectiveness of the intervention.

Potentially effective prereferral intervention practices include such techniques as home notes, contracts, in-school suspension, parent/student conference, academic program modification, student self-monitoring, and others. Less effective prereferral interventions include such practices as changing the student's seating arrangement, telling the student to take more responsibility for his/her behavior, or repeatedly sending the student to the principal's office.

Documentation of the effectiveness of a prereferral intervention is critical. Verbal reports are unacceptable a source of evidence; a written summary of baseline and follow-up data are required. Acceptable forms of data include written summaries of observations, frequency counts of a behavior, or permanent products such as written academic work. Poor data collection practices include verbal anecdotal accounts of problem incidents, informally observing a student, or estimating the improvement of a student from memory.

Disclaimers

According to the Rules, before classifying a student as behavior disordered, it must determined that (a) the student is not primarily identified as manifesting one of the other handicapping conditions described in the Rules, (b) the student is not behaving as a behavior disordered student because of a vision or hearing impairment, and (c) the student is not behaving as behavior disordered student because of an inappropriate classroom discipline system, breakdown of classroom discipline, or inappropriate academic instruction or materials. The information provided in this section describes how to accomplish this requirement.

To determine that the student is not primarily identified as manifesting one of the other handicapping conditions described in the Rules, the following procedures are recommended. It is important to remember that the primary purpose of this requirement is to ensure that the student does not have intellectual handicaps or learning disabilities.

1. Determine that the student's level of intellectual functioning falls within the normal range of intelligence.
2. If the results of an individually administered test of intelligence are available and are less than three years old, you may use this information to document the student's intellectual functioning.

3. If this information is unavailable, administer an intelligence test to the student. A Slosson Intelligence Test for Children is an acceptable instrument for this purpose. Also acceptable, though more costly to obtain, are the following: WISC-R, Stanford-Binet, and Woodcock-Johnson (Part 1).
4. Academic achievement test data (discussed later in this section) can also be used to determine whether the student might qualify as learning disabled according to the Utah Rules. If it is determined that the student also qualifies as learning disabled, in part due to a significant discrepancy between achievement, grade placement, and intellectual functioning, then the individuals involved in the assessment/classification process will need to decide whether the student's primary handicap is a learning disability or behavior disorder. There are no quick and easy guidelines available for making this decision. Often, the additional assessment information collected will yield information that will assist the team in making an informed choice.

To determine that the student's behavioral problems are not a result of vision or hearing impairments, data concerning these potential problems must be obtained. Often, these data are available in the student's cumulative record as part of school-wide vision and hearing screening efforts. If this information is not available or if it is not current, a referral for this evaluation can be made to appropriate personnel.

Current Instructional Factors and Conditions

The final disclaimers to be discussed are more complex than the two areas previously discussed. These disclaimers require information that would substantiate the presence or absence of the following:

1. the existence of an appropriate classroom discipline plan,
2. the extent to which classroom discipline is maintained, and
3. the existence of an appropriate academic instructional program.

Each of these areas will be discussed below.

An appropriate classroom discipline plan. A student's behavior problems should not be the result of a poorly designed and/or implemented classroom discipline plan. If behavior problems exist and there are also significant problems with the classroom discipline plan, it may be impossible to assess whether the behavior problem is a problem in its own right or largely attributable to the classroom discipline system.

The first step in evaluating a discipline plan is to determine if one exists. A copy of the plan should be obtained from the teacher. The plan should be clearly posted in the classroom as well. The observer should attempt to determine if the students understand it. If one exists and it is clearly posted, the following steps can be used to evaluate its quality:

1. The plan should consist of no more than five clearly stated classroom rules.
2. The plan should be primarily positive; poor plans only list behavior prohibitions.
3. The plan should be publicly posted; poor plans are not visible in the classroom
4. The plan should be easily understood by the students; poor plans contain ambiguous words that are difficult for students to understand
5. The plan should identify a set of pre-planned consequences for both appropriate behavior and inappropriate behavior. Poor plans have no preplanned consequences, often leading to emotional interchanges between student and teacher when a behavior problem occurs. Poor plans have only negative consequences for inappropriate behavior and have no positive consequences for appropriate behavior.

In assessing a student suspected of being behavior disordered, an evaluation of the referring classroom's discipline plan must be made. Its quality should be assessed and a written statement concerning the plan's quality should be placed in the student's assessment report.

The extent to which classroom discipline is maintained. The purpose of this criterion is to ensure that a student is not being referred for special education consideration when the classroom behavior management practices employed by the referring teacher are grossly inadequate. That is, it must be determined that a student's behavioral difficulties are not primarily shaped or maintained by ineffective behavior management practices. To determine the extent to which classroom discipline is maintained, the following procedures are recommended:

1. Determine the extent to which the teacher consistently implements the classroom discipline plan discussed above. For example, does the teacher enforce the classroom rules on a consistent basis? Does the teacher consistently follow through with the consequences for misbehavior identified in the discipline plan?

2. Determine the extent to which the teacher engages in other behaviors characteristic of effective classroom management practices. For example, does the teacher provide positive reinforcement for appropriate behavior on a relatively

frequent basis? Is the teacher aware of student behavior throughout the classroom? Does the teacher move around the classroom monitoring student behavior? Is the teacher on-task?

3. Determine the extent to which other students in the classroom are engaged in appropriate behavior? That is, is the referred student the only student in the classroom who is engaged in high rates of inappropriate behavior? Or, are there other students who also display similar high rates? Is the level of appropriate behavior for the entire class a significant problem?

The extent to which the academic instructional program is appropriate.

It is clear that a student will tend to act out or, in some cases, withdraw when he/she consistently experiences academic failure as a result of inappropriate academic programming. When the academic expectations and the academic instructional program provided a student far exceeds the student's academic skills and abilities, it is inevitable that behavioral and emotional problems will be exacerbated. Conversely, problems also tend to occur when the academic program and academic expectations are not challenging enough. To determine the extent to which the academic instructional program is appropriate, the following steps are recommended:

1. Examine about a week's worth of the student's academic assignments. Determine the student's completion rate and success rate. Note that it is desirable for a student to be able to achieve approximately an 80 percent success rate on independent work.

2. If these permanent product data fall considerably below 80 percent, determine whether it is due to "won't do" or "can't do" problem. That is, based on what you know about the student's academic skills, is there a reasonable chance that the student can succeed on the assigned academic tasks?

3. Interview the teacher to determine what, if any, modifications of the existing curricula or instructional methods have been implemented with the student.

In attempting to determine the extent to which appropriate behavior management and academic programming strategies are present, a fair amount of subjectivity is required by those involved in the assessment and classification process. More objective decisions can be made by relying on systematic classroom observations of teacher behavior and

teacher-student interaction patterns and by examining permanent products such as the student's academic work. Again, the primary purpose of this requirement is to increase the legitimacy of all referrals for special education services by making sure that a referred student's pattern of problematic behavior is severe enough to be resistant to a reasonably effective classroom instructional program.

Documenting Educational and Social/Adaptive Behavior

The Utah Rules specify that every student classified as behavior disordered will have complete documentation in his/her records regarding (a) educational behavior, and (b) social/adaptive behavior. Information used to document educational behavior may include classroom-based academic screenings and tests, achievement tests, and report cards/cumulative records. Information used to document social/adaptive behavior may include behavior checklists or scales, sociometric devices, and the student's past and present patterns of interaction with others (e.g., peers, family, teachers, other adults). This section of the Handbook describes the specific assessment instruments and procedures required to produce the required documentation.

Observational Data. The Rules require that classroom observation of the student be conducted and include at least three fifteen-minute observations on referring behavior pinpoints. A student who is non-handicapped and who is not being referred must be selected and observed in the same setting on the same behavior pinpoints as the referred student for comparison.

A response discrepancy observation system is specified in the Utah Rules. Response discrepancy observation measures the difference, or discrepancy, in behaviors between the referred student and other nonreferred students in the classroom. For example, the observer is required to observe the referred student (target student) and a same sex peer (index student) for each observation interval (usually a 10 second interval). Recordings are made of both student's behaviors. In the next observation interval, the target student is still observed but a new same sex peer is selected for observation.

At the conclusion of the fifteen minute observation period, multiple observations should have been made of the target student and several index students. The index student observations provide a micro-norm of the observed behaviors for comparison with the referred student. There should be a significant difference (i.e., a marked degree) between the average of the index student's observed behaviors and the referred student's observations. If there are no differences after making multiple observations, then the referral question should be reexamined because the data do not support a difference that is marked.

Several types of response discrepancy observation systems are available. These may involve collecting observational data on frequencies of behaviors, behaviors that occur in intervals, behavior latencies, and behavior durations. In addition, several types of behavior codes may be designed for observing a particular child.

One system uses a 10-second partial interval system for on-task and off-task behaviors. This means that the observer records only one occurrence of a behavior for each interval observed. Recent data in Utah suggests that on-task rates of less than 60 percent are characteristic of most students who are behavior disordered as opposed to 75 to 80 percent on-task for nonhandicapped peers. The exception to the 60 percent on-task figure is for older secondary students. A complete description of this system with the observation form and norms is included in the appendix.

Behavior Problem Checklists. Well standardized behavior checklists are essential for an appropriate assessment of behavior disordered students. Good behavior checklists have established norms. In addition, behavior checklists are scientifically developed using multivariate statistics. These multivariate approaches identify major behavior clusters or factors that characterize subtypes of behavior disordered students such as depression, delinquency, aggression, childhood psychosis, and others. The characteristics of a good behavior checklist are as follows:

1. Good reliability (above 75 percent for most measures).
2. Good validity (research that shows the checklist actually measures what it purports to measure).
3. Statistically derived factors or clusters that have educational relevance.
4. An appropriate standardization group that allows normative comparisons. Good checklists provide scores for the total behavior checklist and for each individual factor.
5. Multiple forms with the same behavior items so that multiple raters can observe and rate the student (i.e., teacher form, parent form, and youth report form). This allows for comparisons across raters.
6. Behavior checklist items that are sensitive to behavior change interventions and, thus, allow effectiveness comparisons.
7. The individual behavior checklist items can be used to develop IEP goals.

Poor behavior problem checklists have inadequate or small standardization groups. For some checklists, the age range of the standardization group is so restricted that comparisons cannot be made from elementary through secondary. In addition, the statistically derived factors may be exotic or have limited educational relevance (e.g., ego factor, narcissistic cluster, denial factor). These factors are difficult to explain to parents.

Poorly constructed behavior checklists also have inadequate reliability and validity which makes them vulnerable to legal challenges.

A list of adequately validated behavior checklists can be found in Appendix B of this Handbook.

Social Skills Checklists and Rating Scales. Assessment in this area is designed to identify the extent to which the student's interpersonal social competence and adaptive behavior differs from his/her peers. The assessment of children's social skills is a relatively new field. While there is no one best method that can be used to assess social skills, several checklists and rating scales are currently available that will yield information that can be useful in the assessment and classification process. The instruments recommended for use are designed to provide a normative measure of social competence and also to identify any interpersonal deficits in specific skills that should be addressed in the IEP if it is determined that the student is behavior disordered.

Two other assessment procedures may also be used to assess social skills. The first involves behavioral observation of the student in settings where the suspected social skills deficits are most apparent. This usually involves a playground setting for elementary-aged children.

The other social skills assessment procedure that may be used in the assessment and classification process for students who are behavior disordered is a sociometric measure. Sociometric measures estimate the level of social acceptance or rejection among an individual student and the peer group.

Academic Assessment Measures. Academic assessment is necessary because a majority of students who are behavior disordered experience significant academic problems. The purpose of the academic assessment is threefold: (a) to identify the student's specific academic strengths and weaknesses, (b) to identify those conditions that may facilitate or hinder the student's academic progress, (c) to provide a basis for planning appropriate academic interventions, and (d) to identify vocational interests, skills, and instructional needs for secondary students. It should also be remembered that a secondary-aged student's academic assessment should also include specific information concerning vocational skills and instructional needs.

An appropriate assessment of academic skills should include norm-referenced measures obtained through the administration of standardized achievement tests and criterion-referenced and curriculum-based assessment procedures. In addition, useful information may be obtained by identifying the student's performance on academic assignments over a week-long period of time.

Finally, information relative to the student's school survival skills should be obtained. School survival skills are skills that enable students to meet the requirements of a typical instructional situation. They include attendance and punctuality, being prepared, keeping track of assignments, handling transitions, requesting assistance, and assessing teacher expectations. Several checklists have been developed that assess school survival skills; they are also identified in the Appendix.

Optional Instruments and Procedures. There may be situations where additional assessment information concerning a referred student's educational and social/adaptive behavior will assist the team in making an informed judgment. Those situations and the instruments and procedures available are described below.

1. When a student has been referred because of an internalizing behavior disorder (specifically, depression), a standardized behavior problem checklist that focuses on depressive behaviors is appropriate.

2. Many students referred for assessment and possible classification as behavior disordered are often thought to have problems with self-concept. While self-concept is somewhat difficult to define and validly assess, several standardized instruments are available for this purpose.

3. Many students referred for behavior problems demonstrate high levels of impulsivity, short attention span, noncompliance, and hyperactivity. Several instruments have been developed that purport to assess these kinds of problems in school-age children.

4. Teachers and parents often state that a referred student has a significant problem in the area of social relationships and social acceptance. For younger students, especially, sociometric procedures can yield assessment information that may substantiate the existence of a problem in the area of social relationships and social acceptance.

5. Interviewing is a frequently used assessment technique that provides a limited sample of behavior from the person who is being interviewed. Factors such as the child's use of language, compliance with an unfamiliar adult, social skills, and general appearance can be evaluated albeit in a limited fashion. If interviews are used in the assessment and classification process, it is recommended that a structured interview approach be employed where answers to the following specific questions are sought: (a) a specific description of the problem behaviors, (b) rate and duration estimates, (c) events and consequences that precede or follow the problem behaviors, (d) specific strengths and weaknesses, (e) past attempts to change the behaviors, and (f) the role of peers in escalating or reinforcing the problem behaviors.

6. Anecdotal records can be a useful adjunct to systematically collected behavioral observation data. Anecdotal records, however, should never replace systematically collected behavioral observation in the assessment and classification process. Carefully

assembled anecdotal records can supply information concerning qualitative aspects of the students' behavior and can also be employed to document high magnitude but very low frequency behavior problems that behavioral observations may not pick up.

Each of these optional instruments and procedures should be viewed as supplementing and supporting assessment information collected with the basic required instruments and procedures explained earlier. Decisions concerning whether to collect additional information need to be made by the team based on the specific factors involved in each case, including a consideration of the time and resources available to collect the additional information.

Instruments and Procedures That Are Not Recommended. A review of files of students classified as behavior disordered throughout the country suggests that, too often, school personnel have collected data and made decisions on the basis of assessment information that is neither reliable nor valid. Furthermore, the resources spent in collecting and assembling these data would be much better used collecting the basic required or supplemental assessment information referred to earlier. Examples of these procedures include projective personality tests, social case histories, and informal (i.e., non-quantifiable) observational data. It is highly recommended that procedures such as these not be employed in the assessment and classification process for behavior disordered students. The time and effort expended does not justify the minimally useful information obtained.

Summary of Assessment Procedures and Instruments to be Used in the Assessment and Classification Process for Students Suspected of Being Behavior Disordered. The following assessment instruments have been identified as representing a set of preferred assessment practices in the assessment and classification of students suspected of being behavior disordered. The listing should not be considered exhaustive; other reliable and valid instruments, tests, and procedures may also be used. The critical issue, as stated previously, is the extent to which the assessment procedure meets the validity requirements discussed throughout this Handbook. Information concerning the availability of these materials may be found in the Appendices.

Behavioral Observation

- ❒ Response-Discrepancy Observation System

Behavior Problem Checklists

- ❒ Child Behavior Checklist
- ❒ Walker Problem Identification Checklist
- ❒ Behavior Evaluation Scale
- ❒ Behavior Rating Profile
- ❒ School Behavior Checklist

Social Skills Rating Scales

- ❒ Social Skills Rating System
- ❒ Walker-McConnell Scale of Social Competence and School Adjustment

School Survival Skills Rating Scales

- ❒ School Survival Skills Rating Scale

Intellectual Assessment

- ❒ Woodcock-Johnson Psychoeducational Battery
- ❒ Slosson Intelligence Test (screening only)
- ❒ Wechsler Intelligence Scales (WISC-R, WIPPSI, WAIS-R),
- ❒ Stanford-Binet Intelligence Scale-Revised

Academic Assessment

- ❒ Peabody Individual Achievement Test-Revised
- ❒ Wide Range Achievement Test (screening only)
- ❒ Key Math Diagnostic Arithmetic Test-Revised
- ❒ Woodcock-Johnson Psychoeducational Battery
- ❒ Curriculum-based academic achievement probes

SUMMARY AND ANALYSIS OF ASSESSMENT INFORMATION

The purpose of this form is to assist the team in summarizing and analyzing all of the pertinent information collected as part of the assessment and classification process.

I. Summary of Relevant Assessment Information

Briefly summarize the information collected in the following areas:

A. Behavioral Observation Data

B. Behavior Problem Checklists:

C. Social Skills Rating Scales:

D. Academic Skills:

E. Information from Additional Assessment Instruments and Procedures:

F. Disclaimer Evidence to Support the Following Statements:

1. The student is not primarily identified as manifesting one of the other handicapping conditions described in the Utah Rules.

2. The student is not behaving as behavior disordered because of a vision or hearing impairment.

3. The student is not behaving as behavior disordered because of (a) an inappropriate classroom discipline system, (b) breakdown of classroom discipline, or (c) inappropriate academic instruction or materials.

II. CONCLUSIONS AND ELIGIBILITY DETERMINATION

A. Based on the assessment information collected, does this student qualify for special education and related services as behavior disordered as defined by the Utah Rules?

_____ Yes _____ No

B. Justification.

1. Has the behavior(s) existed over a long period of time? Has the behavior(s) persisted over a period of 4 to 6 months? Has it persisted in spite of appropriate and adequate prereferral interventions? Briefly summarize the evidence that supports your answer to these questions. If the answer is "no", the student does not qualify for services as behavior disordered.

2. Does the condition exist to a marked degree? Do normative comparisons (standardized and non-standardized) indicate that the student's behavior is significantly different from his/her non-referred peers? Compared to nonreferred peers, is the severity or intensity of the student's behavior significantly different? Has the student's behavior been resistant to attempts to modify it? Briefly summarize the evidence that supports your answers to these questions. If the answer is "no", the student does not qualify for services as behavior disordered.

3. Does the behavior adversely affect educational performance? Has the behavior affected the student's academic progress? Is there a discrepancy between the student's actual achievement and expected achievement? Is the student's social behavior and adjustment in school adversely affected by his/her behavior? Briefly summarize the evidence that serves as the basis for your answers to these questions. If the answer is "no", the student does not qualify for services as behavior disordered.

4. Is the student's behavior the result of social maladjustment? If yes, briefly summarize the evidence that supports this conclusion. Note, however, that if all the questions above have been answered in the affirmative, it is inconsequential whether the student is also socially maladjusted since Utah Rules allow a student to be classified and served if he/she is socially maladjusted and behavior disordered.

III. Additional Comments and/or Analysis

APPENDIX A

RESPONSE-DISCREPANCY OBSERVATION SYSTEM

Three fifteen-minute behavioral observations will be made on the referring behavior pinpoints of the referred student. A student will also be selected who is nonhandicapped in the same setting with the same behavioral pinpoints for an observation comparison.

The observation system on the next page (developed at Granite School District and the University of Utah) is designed to meet the observation requirements from the Utah State Rules and Regulations. In addition, the system includes a observation of the referring classroom and teacher interview. This observation system can provide classroom micro-norms and school district norms for on-task and off-task behavior (with the subclasses of behavior).

Step 1: Fill out the descriptive information at the top of the observation sheet including if this child is a BD or LD referral. Make sure to mark what class activity (e.g., math, reading, etc.) and type (teacher directed whole class, teacher directed small group, or independent seat work).

Step 2: Become familiar with the on-task and off-task definitions of behavior provided at the bottom of the page. These definitions do not include all the possible behaviors that a child can display. If the main behaviors for referral are substantially different, substitute them. The teacher behaviors (positive, negative, or neutral) are optional for observation.

Step 3: Obtain a timing device (i.e., stop watch, wrist watch, cassette tape with an ear piece that has beeps every 10 seconds) or simply count out ten seconds for each interval. Become familiar with the 10 second timing.

Step 4: For each 10 second interval, observe the referred child and a same sex child in row 1. For each interval, observe the referred child and a new same sex child-if necessary repeat the observation of the same sex child after all the same sex children in the classroom, have been observed. In each interval box, write the code (T, O, I, N, P) for the first off-task behavior that occurs in that 10 second interval for the referred (target student) or the non-referred comparison student (*). If no off-task behaviors occur and the child is on task, mark the box with a dot. Do not try and count each occurrence of an off-task behavior more than one off-task behavior for each box. This is a partial interval recording system.

Step 5: This section is optional, for each observed 10 second interval observe the teacher's behavior for that interval. Observe positive, negative, or neutral teacher interactions for that 10 second interval with both the referred and non-referred students. If there is no interaction with the referred or non-referred students for that interval do not record data for the teacher.

Step 6: Observe the referred student and non-referred students for 15 minutes or 90 of the interval on the data sheet.

Step 7: This section requires an observation of the classroom and an informal interview with the teacher. The information is recorded on the other side of the observation sheet. This information is collected to determine of the student's observed behavior is typical, are there classroom posted rules (just do not ask, but look for the posted rules), does the teacher have planned consequences (positive and negative-ask for specifics) for classroom behaviors or does he or she determine consequences while the behaviors are occurring, and are there any feedback systems to the children in the classroom informing them of their progress (i.e., names and marks on the board, charts, or graphs).

Step 8: Calculate the percentage (%) of intervals for on-task and off-task (e.g. # on-task intervals scored/total number of intervals observed). The percentage of specific off-task behaviors can also be determined with the same calculation.

Questions to be answered:

1. Does the teacher have posted rules, planned consequences, or a feedback system for improvement or achievement?

   Yes_____ No_____

If this question is answered, No than the teacher may need to try a more intensive pre-referral intervention using posted rules, planned consequences, and a feedback system. If it is answered Yes, the go to the next set of questions:

1. Is the student's on-task behavior below 70%?

   Yes_____ No_____

2. Is the student's on-task behavior 20% below the other members of the classroom?

   Yes_____ No_____

3. Are there any of the sub-behaviors for off-task (talking-out, out of seat, etc.) which are substantially higher than other members of the classroom?

   Yes_____ No_____

If any of these questions are answered Yes, than this information may be used to substantiate a referral for behavior disorders.

BEHAVIORAL OBSERVATION FORM

Target Student _____ M/F _____ Grade _____ Date _____

School _____ Teacher _____

Time Started Time Ended

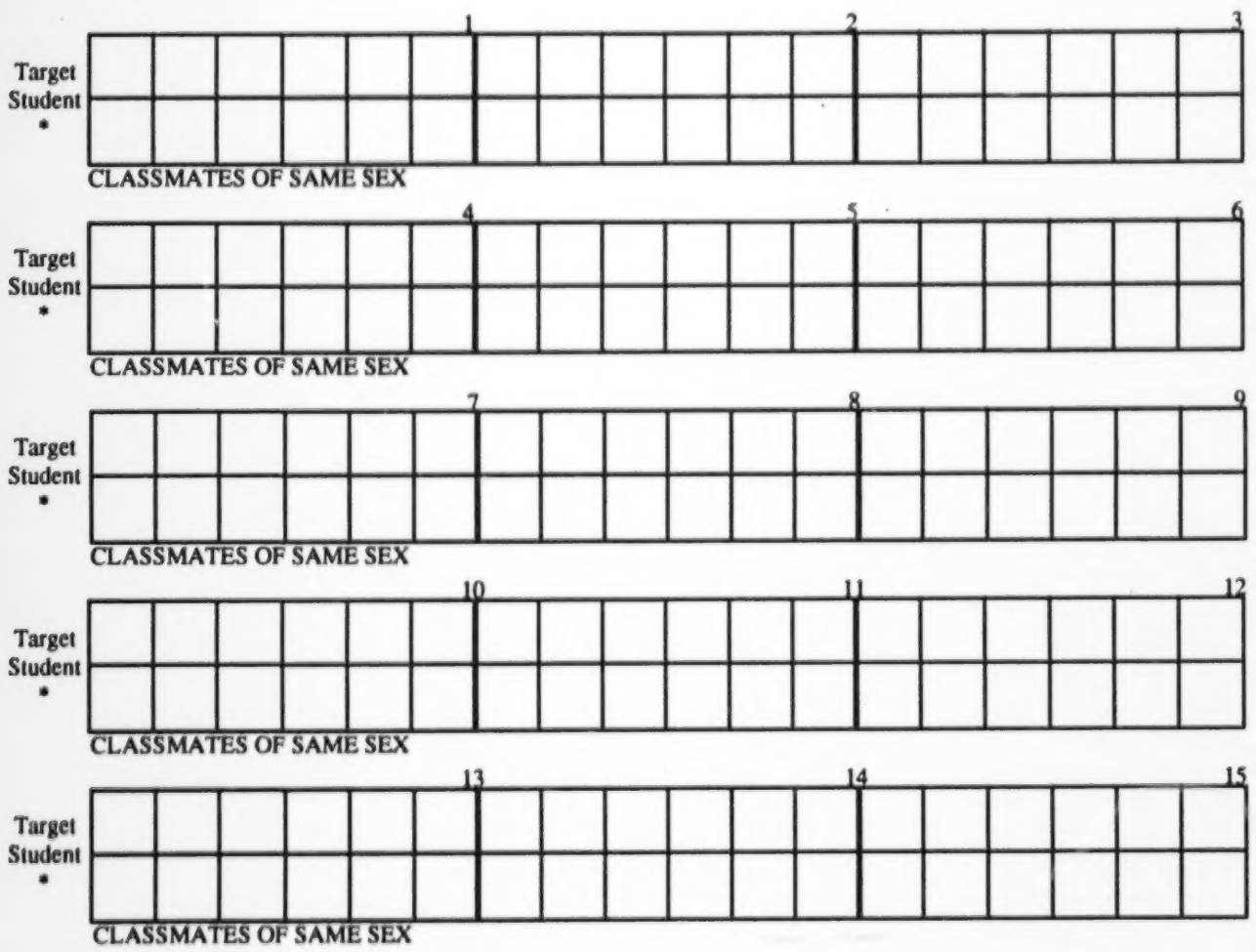
Observer _____ _____ _____ _____

Position

_____ _____ A. Teacher directed _____ B. Teacher directed _____ C. Independent

CLASS ACTIVITY whole class small group work session

DIRECTIONS: 10 Second Interval: Observe each student <u>once</u> then record data. This is a partial Interval recording if possible, collect full 15-minutes under teacher directed or independent condition. If not, put a slash when classroom condition changes. <u>Classmates observed must be same sex as target student.</u>



Codes

*Note : To observe class - begin with the first same sex student in row 1. Record each subseque same sex student in following intervals. Data reflects an average of classroom behavior. (SKIP UNOBSERVALBE STUDENTS)

* ON-TASK : Eye contact with teacher or task and performing the requested task.

OFF-TASK CODES :

T - TALKING OUT/NOISE : Inappropriate verbalization or making sounds with object, mouth or body
O - OUT OF SEAT : Student fully or partially out of assigned seat without teacher permission
I - INACTIVE : Student not engaged with assigned task and is passively waiting, sitting, etc.
N - NON-COMPLIANCE : Breaking a classroom rule or not following teacher directions within 15 sec
P - PLAYING WITH OBJECT : Manipulating objects without teacher permission

• POSITIVE TEACHER INTERACTION : One-on-one positive comment, smiling, touching or gesture.
- NEGATIVE TEACHE INTERACTION : One-on-one _____

Interview teacher : Was target student's performance typical? ____Y ____N
Does this student appear able to perform the assignment? ____Y ____N

Clear Classroom Expectations Posted Classroom Rules? ____Y ____N

Planned Consequences? ____Y ____N

Is there a student progress feedback system? ____Y ____N

_____

_____

_____

_____

SUMMARY : TEACHER INTERACTION

Target Student % on Task _____ * Positive _____ * Negative _____
Class Comparison % on Task _____ * Positive _____ * Negative _____

COMMENTS (Address behaviors noted on the referral)

_____

_____

_____

_____

_____

_____

APPENDIX B

SOURCES FOR BEHAVIOR PROBLEM CHECKLISTS AND SOCIAL SKILLS RATING SCALES

This section describes commercially available norm-referenced rating scales or behavior problem checklists that have been validated for identifying school and/or behavior problems. The rating scales may identify conduct problems, withdrawn or avoidant behavior problems, psychotic and/or schizophrenic disorders, or general school adjustment. The rating scales should have been normed on students similar to the one in question, with large enough samples for adequate generalization. Reliability and validity data for the rating scales must be provided and conform to American psychological association standards. Some examples of acceptable rating scales for school behavior disorders are:

a. Behavior Evaluation Scale (Education Services)

b Behavior Rating Profile (Pro-ed Publishing)

Child Behavior Checklist (Achenbach & Edelbrock, 1983)

Portland Problem BehaviorChecklist-Revised (Asiep Education Company)

School Behavior Checklist (Western Psychological Services)

Walker Problem Behavior Identification Checklist-Revised (Western Psychological Services)

Some examples of acceptable rating scales for home behavior disorders are:

a. Behavior Rating Profile (Pro-ed Publishers)

b. Child Behavior Checklist (Achenbach & Edelbrock, 1983)

COMMERCIALLY AVAILABLE SELECTED BEHAVIOR RATING SCALES

The following behavior rating scales appear to meet acceptable professional standards (Salvia & Ysseldyke, 1988) for reliability, validity, and norms and thus are acceptable for use in these proposed evaluation procedures for seriously emotionally disturbed students.

Rating Scales for School Behavior

Behavior Evaluation Scale
S. McCarney, J. Leigh and J. Cornbleet
Associated Management Systems
PO Box 510
Vernon, AL 35592-0510

Behavior Rating Profile-Teacher Form
L. Brown and D. Hammill
Pro-ed Publishing Co.
5341 Industrial Oaks Boulevard
Austin, TX 78735

Child Behavfor Checklist-Teacher Form
T.M. Achenbach
University Associates in Psychiatry
1 South Prospect Street
Burlington, VT 05401

Portland Problem Behavior Checklist-Revised
S. Waksman
Asiep Education Company
3216 NE 27th
Portland, OR 97212

School Behavior Checklist
L. Miller
Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

Walker Problem Behavior Identification-Revised
Grades P-6
H. Walker
Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

Rating Scales for Home Behavior

Behavior Rating Profile-Parent Form
L. Brown and D. Hammill
Pro-ed Publishing Co.
5341 Industrial Oaks Boulevard
Austin, TX 78735

Child Behavior Checklist
T.M. Achenbach
University Associates in Psychiatry
1 South Prospect Street
Burlington, VT 05401

SOCIAL SKILLS ASSESSMENT

The assessment in this area is designed to determine the degree of social competence and adaptive behavior relative to interpersonal competence with sameage peers. The instruments recommended for use are designed to provide a normative measure of social competence and also identify any interpersonal deficits in specific skills that are necessary to maintain adequate social interactions and relationships with others.

These instruments have been normed and one can establish the level of social competence relation to same-age peers in the normal sample. We have chosen the 98%ile relative to norms in order to set a stringent criteria for confirming a deficiency or problem in this domain.

Test 1: Walker-McConnell Scale of Social Competence and Social Maladjustment (K to 6 and 7 to 12).

Published by: Pro-Ed, 5341 Industrial Oaks Blvd., Austin, TX 78735

The elementary version of the Walker-McConnell scale consists of 43 positively worded descriptions of social skills distributed across 3 subscales. Together these samples adaptive behavior and interpersonal social competence.

The first two scales measure peer-related interpersonal social skills and scale three measures adaptive behavior required for success within classroom instructional settings. Scale three may overlap with behavior rating scales used above and scales one and two offer unique measures of peer related social skills.

Subscale #1 - Teacher Preferred Social Behavior - 16 items

Items reflect teacher concerns for sensitivity, empathy, cooperation, selfcontrol, and socially mature behavior in peer relations.

Subscale #2 - Peer Preferred Social Behavior - 17 items

Items measure peer related social behavior highly valued by peers. Content of items reflect peer values concerning forms of social behavior that govern peer dynamics and social relations within free play settings.

Subscale #3 - School Adjustment Behavior - 10 items

Measures adaptive social-behavioral competencies highly valued by teachers within classroom instructional contexts. Sample items include: displays independent study skills, attends to assigned tasks, and listens carefully.

The adolescent version of this scale has a fourth subscale that measures self- related adjustment. That is, the student is assessed in relation to such factors as how well s/he copes with age and frustration, communicates, deals with moods and is adequately organized in performing daily activities and tasks. This form of adjustment is rarely assessed and is especially important at the adolescent level of development.

The available norms on these instruments allow the assessor to determine if the students score on this teacher completed measure exceeds the 98%ile on any subscale or the full scale. Since subscales one and two of the elementary adolescent versus and the self-related subscale of the adolescent version are unique and not covered in teacher completed behavior rating scales described above, they are the most relevant measures of this behavioral domain.

Test #2 Social Skills Rating System (SSRS) by Frank Gresham (Preschool to 12) and Steve Elliott

Published by: American Guidance Services (AGS), Publishers' Building, P.O. Box 99, Circle Pines, MN 55014-1796

This national standardized set of questionnaires obtains information on social behaviors of children and adolescents (Grades Preschool - 12) from teachers, parents, and students, themselves. Teacher and parent forms are used for evaluating children ages 3-18 while the student report is used for grades 3-

The Social Skills Scale assesses five areas: cooperation, assertion, empathy, responsibility, and self-control. Each rating questionnaire takes 10-25 minutes to complete.

The norms allow age comparisons to determine the degree of deficit in one or more of the five social skills scales. We suggest using a 98°/0ile cutoff to determine that there is a siqnificant deficit in the social skills area.